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## PSYCHIATRY.

PSYCHOSES FOLLOWING ACUTE SURGICAL AND MENTAL AFFECTIONS  
AND IN MULTIPLE NEURITIS.

BY WILLIAM NOYES, M. D.

*Introductory Note.* Comparatively little attention has been given to the mental condition in this class of affections, and the importance of the subject suggests the advantage of presenting at some little length the more recent opinions of different writers. It is the description of the mental state of patients suffering from the disorders to which attention is especially directed, and there can be but little doubt that it would be a great gain to psychiatric nomenclature if Prof. Wood's title of *Confusional Insanity* could be generally adopted. Under such circumstances, "Confusional Insanity Following Typhoid," or "Confusional Insanity after Hysterectomy," would designate a distinct clinical entity and would occupy as proper a place in statistics and classifications as "Dementia Secondary to Mania." Prof. Wood's description of the mental state is a peculiarly graphic and vigorous one, and merits a permanent place in literature. It will be noted that Wood and Korsakoff takes opposite views as to the etiology of affection, for Korsakoff states that his *cerebropathy* occurs also after exhausting diseases, so that he and Wood are evidently describing the same affection. The occurrence of the affection in multiple neuritis, a distinctly toxic disease, goes far towards bearing out Korsakoff's views, and yet Wood's arguments against the toxic origin after acute surgical affections certainly have much weight. While, then, we may not at present look on the etiology as settled, there will be much gained if a distinct clinical picture can be agreed upon.

*Insanity after Acute Surgical or Medical Affections.* H. C. WOOD, M. D.  
University Medical Magazine, December, 1889.

The author deprecates a tendency in writers on Insanity to recognize as distinct diseases several varieties of mental disorder, which he thinks should be viewed simply as symptom groups. The evidences of mental disorder may vary when the brain lesion is apparently the same, so that an individual case may appear to belong now to this and now that special insanity. Congestion, even active congestion, may go hand in hand with exhaustion, and failing nutrition even predisposes to local affluxes of blood, by producing weakness of the vessels, and according as now this and now that region of the brain is invaded by these local changes in circulation, so will the symptoms shift from day to day. The fact that two cases for a time prevent similar manifestations is no proof that they are essentially the same in their underlying cerebral condition, and the circumstance that they offer diverse symptoms is no proof that they are essentially unlike.

Wood believes that although insanity following acute disease varies greatly in its symptomatology, that in almost all the cases there is one common fundamental brain condition and that this fundamental brain condition bears no specific relation to the disease which has produced it, but may be the outcome of an altered nutrition produced by an exanthematous disease, like typhoid fever, or by a diathetic disorder, like rheumatism, by an accidental traumatism, or by a surgical operation. There are etiological and symtomatical reasons for believing that these insanities after acute disease are identical in their nature.

*Etiological.* If we believe that the insanity has a specific relation to the poison of the disease which it has followed, we must consider that there are at least a half dozen specific insanities connected with acute diseases, a very improbable supposition. The symptoms develop at a

time when the specific action of the poison upon the nervous system has exhausted itself, namely, during convalescence. The insanities develop after diseases or affections in which there is no known specific poison, such as childbirth, traumatism, surgical injuries, fevers, etc., which are followed by insane outbreaks, have one influence in common, i. e., they all tend to exhaust or impair the nutrition of the nerve centers, and it is known that impairment of the nutrition of the centers by lack of food combined with anxiety is capable of causing symptoms similar to those which are present in insanities developed after disease.

*Symptomatical.* Though the cases vary much in their details, the general scope of the symptoms and the general course of the disorder are identical. There is always mental confusion, a mixture of excitement and mental power; and the cases nearly always end in complete recovery from organic disease.

Wood compares this condition to Krafft-Ebing's "Stupor; or Primary Curable Dementia," which is a condition of cerebral exhaustion in which there is almost complete paralysis of the mental functions with loss of nerve-tone in every portion of the body, so that the patient remains in a condition of more or less profound stupor or stupidity, with shifting or kaleidoscopic anomalies of motor and vaso-motor innervation, and at times also gives evidences of delirium, or of hallucinations. This primary dementia may be produced by starvation, by profound emotional shock, by diseases of the basal blood vessels, and it is asserted even by injuries to the head (?). If old age, syphilis or gout has produced excessive degeneration in the cerebral blood vessels, or if an emotional shock has been so severe as to permanently alter the nutrition of the cerebral nerve-cells, this so-called "Curable Dementia" may be an incurable affection.

Krafft-Ebing also recognizes under the name of *Wahnsinn* an affection which has been known to English and American writers as "Delusional Stupor," "Mania Hallucinatoria," "Confusional Insanity," etc., in which there is active delirium associated with an extraordinary abundance of hallucinations present in every sense region, and with a great weakness of the whole nervous system, as shown by pronounced loss of mental power almost amounting, it may be, to imbecility, by a tendency to stupor, by lack of muscular power, and by failure of nerve-tone in every portion of the organism. Krafft-Ebing considers that the two affections, *Wahnsinn* and Primary Curable Dementia clinically grade into one another, and that the underlying brain affection is similar in each affection. Wood believes that these two so-called diseases are merely diverse manifestations of one and the same pathological condition, and that they should be considered as one disease, and he suggests that the name *Confusional Insanity* be given to the condition because it is already familiar to many, has no pathological import, and expresses a symptom which is not only common to all forms of the disease, but is a necessary outcome of the pathological state.

In various chronic diseases attended with great bodily and mental exhaustion, the brain tissue gradually passes into a condition of perverted and exhausted nutrition similar to that of Confusional Insanity. In long drawn out cases of consumption there is often a gradual impairment of the intellect, associated with a super-activity of the imagination, and especially during the night the patient becomes delirious. Almost every history of shipwreck, followed by long exposure and starvation, affords examples of failing mental power, accompanied by increasing activity of the imagination, until desire and thought-pictures give rise to hallucinations, which are at first recognized by the sufferer to be false, but finally lure him to leap overboard.

The underlying nerve condition in each of these cases is one of a peculiar exhaustion, and it would appear that almost any form of acute

exhausting disease may be followed by a similar mental state. Wood has reported a case of so-called acute gouty insanity which he considers represented primary dementia, the stupor form of confusional insanity, and to his mind gouty and rheumatic insanity are probably almost always representatives of this disease.

Confusional insanity follows typhoid fever not very infrequently, and probably constitutes the bulk of the cases commonly named puerperal mania. To it, also, belongs the so-called surgical insanity. Within one year Wood saw it develop after ovariectomy, perineorrhaphy, and after the removal of the breast for cancer. It may also be due to emotional strain, especially when this is sudden or accompanied by exhausting circumstances.

In the mildest cases of mental disorders after acute exhausting disease the only symptoms may be enfeeblement of the general mental powers. In many cases the original mental constitution is recovered very slowly, being possibly slower in mild than in severe cases. This mental enfeeblement may be associated with depression of spirits, but this is not so intense or so overpowering as in melancholia, and the emotional disturbance is not the dominant element in the case. When confusional insanity is fully developed there is almost invariably a general lack of nerve-tone, as shown by a feeble circulation and coldness of the extremities, by general muscular relaxation, and by failure of the digestive power. The temperature varies in different cases. It may be normal, but in severe cases there is usually either an habitually low temperature or a marked tendency to paroxysms of sub-normal temperature. On the other hand there may be a very distinct febrile reaction, especially seen in puerperal cases. The temperature curve is often remarkably irregular. The mental symptoms may seem to be contradictory, since many of them are those which are commonly believed to be the outcome of paralysis of cerebral functions, and others are such as are sometimes thought to be evidence of excited, though perverted cerebral activity. In the first group belongs that depression of consciousness, which in its mildest forms may be shown only by a peculiar quietude and by apathy, but which in varying degrees of greater severity manifests itself by stupor, ever growing, as the disease becomes more severe in intensity, until it deepens into a complete, persistent loss of consciousness. Another outcome of cerebral weakness is the peculiar mental confusion which is the most characteristic manifestation of the disease. It may reveal itself chiefly in the inability of the patient to talk coherently and persistently, words dropping out of the sentence or being uttered imperfectly, because the mind is unable to get the right word, ideas changing in the middle of a sentence, because the power of confining the attention to one consecutive line of thought is lost, so that the attempt at conversation on the part of the patient results in a jumble of half sentences, clauses and words, hopelessly intermixed with one another. Even, however, in mild cases of disease, the mental confusion usually manifests itself not merely in the inability of the patient to hold a connected conversation, but in his want of power to appreciate persons and things about him. In the most extreme instances no objects or faces are recognized, and even in the very mild forms of the disorder the patient may recognize some of his friends, yet be unable to place himself, insisting that he is away from home, and pathetically begging to be taken to his own house. The confusion of the patient is not altogether the outcome of pure mental weakness, but is usually in part due to the extraordinarily numerous and vivid hallucinations which affect all the senses, and compete for recognition, by the consciousness, with impulses which really originate in external objects.

The delirium is commonly mild and lacking in aggressiveness, but it may take on a vary active form, or the patient may be habitually quiet

but subject to paroxysms of fury resembling those of acute mania. More commonly, however, underlying even the aggressiveness and violence, there is a foundation of fear which often resembles that of delirium tremens, and when with this condition of fear there is associated distinct tremulousness, the likeness to delirium tremens is very pronounced; indeed, Wood believes that delirium tremens should be considered a form or variety of confusional insanity.

Very rarely ought there to be any trouble in recognizing the true nature of confusional insanity. The history of the attack, the knowledge that the outbreak was preceded by an exhausting disease, traumatism or emotion, the failure of bodily nutrition and of general nerve force, the lack of dominant emotional excitement, the stupor, the peculiar mental confusion, the kaleidoscopic character of the hallucinations, make diagnosis easy. The prognosis is favorable. Krafft-Ebing gets 70% of recoveries, and in Wood's cases even when the mental confusion has amounted to complete and absolute imbecility, complete recovery has almost invariably occurred, provided there have been no preëxisting organic bodily lesions, such as unsound kidneys, or degenerated arteries. Death may, however, occur in complicated cases. If the mental recovery be not complete, the result is lack of mental power, but never a so-called reasoning insanity, never a state resembling that of paranoia. Wood cites five cases illustrating his conception of confusional insanity: I., after childbirth; II., after removal of the breast for cancer; III., after perineorrhaphy; IV., after typhoid; V., after loss of sleep from nursing, combined with anxiety. All the patients recovered.

*Cases of Post-Febrile Insanity.* WILLIAM OSLER, M. D. John Hopkins' Hospital Reports, 1890, II, 46.

This article is written to give illustrative cases of Wood's Confusional Insanity, where there is one fundamental brain condition, viz:—impaired nutrition with consequent exhaustion of the nerve centres. Osler refers to the articles by Shepard (Am. J. Med. Sciences, Dec., 1888), and T. Gaillard Thomas (Medical News, 1889), and reports five cases:

- I. Pneumonia. Slow convalescence with development of hallucinations and delusions.
- II. Typhoid fever; severe attack with much delirium. Mania during convalescence. Gradual recovery after four months.
- III. Typhoid fever of moderate severity. Development of delusions during convalescence. Recovery after six weeks.
- IV. Typhoid fever, mild attack. Gradual development of delusions. Slow, halting speech. Recovery.
- V. Typhoid fever, severe attack. During convalescence development of delusions. Persistence of mental symptoms for ten weeks. Recovery.

Prognosis usually good. Of the seven cases seen by Osler five after typhoid and two after pneumonia, six recovered and the seventh seemed likely to recover. Patients should therefore be cared for at home if possible. Seclusion, incessant watchfulness, absolute rest in bed, with massage and careful feeding are indicated. In the cases where the temperature is mentioned this had fallen to normal before the mental symptoms came on.

Osler does not attempt to add to Wood's description of the mental state of these patients.

*Acute Confusional Insanity.* CONALLY NORMAN. Dublin Journal of Medical Science, 1890, I, 506.

Norman claims that this form of insanity is not recognized in England. He agrees with Salgó that acute confusion is the most common of all forms of insanity, although Salgó's definition is too wide according to Norman. It would come between the acute mania and acute